

## ADR Provider Evaluation

This short form will assist the Circuit Court of Howard County evaluate its settlement conference facilitation program. Please complete the following information and mail it to the address below. Your response to this evaluation will be kept confidential and will not be placed in your court file.

(1) Name of facilitator: \_\_\_\_\_

(2) What type of case was this? \_\_\_\_\_

(3) How would you describe the facilitator's knowledge of the subject matter in this case?

☐ Very Knowledgeable    ☐ Knowledgeable    ☐ Somewhat Knowledgeable    ☐ Not Very Knowledgeable    ☐ Not at all

(4) Did the facilitator conduct the session(s) in a professional manner?

☐ Very Professional    ☐ Professional    ☐ Somewhat Professional    ☐ Not Very Professional    ☐ Not at all

Please explain: \_\_\_\_\_

(5) How would you rate the facilitator's skills during this case?

☐ Very Skillful    ☐ Skillful    ☐ Somewhat Skillful    ☐ Not Very Skillful    ☐ Not at all

(6) Was the Facilitator helpful in negotiating a settlement of this case?

☐ Very Helpful    ☐ Helpful    ☐ Somewhat Helpful    ☐ Not Very Helpful    ☐ Not at all

(7) How would you rate your overall satisfaction with facilitation as a method of resolving this dispute?

☐ Very Satisfied    ☐ Satisfied    ☐ Somewhat Satisfied    ☐ Not Very Satisfied    ☐ Not at all

(8) Do you believe the facilitation was conducted during a good time during the case?

☐ Yes    ☐ No, too early    ☐ No, too late

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

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**Thank you for completing this form. Please forward this evaluation to ADR Coordinator,**

**Howard County Circuit Court, 8360 Court Avenue, Ellicott City, Maryland 21043**